

CLAIMS ONLY							Application Number	Filing Date			
							10/657791				
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep		
1	/						51				
2		/					52				
3	/						53				
4		/					54				
5	/						55				
6							56				
7	/						57				
8							58				
9	/						59				
10		/					60				
11	/						61				
12		/					62				
13							63				
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17		/					67				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	16						Total Indep				
Total Depend	4						Total Depend				
Total Claims	20						Total Claims				

BEST AVAILABLE COPY